

Division of Public and Behavioral Health  
Substance Abuse Prevention and Treatment Agency (SAPTA)  
Advisory Board (SAB)

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**MINUTES**

**DATE:** October 22, 2014  
**TIME:** 9:30 a.m.  
**LOCATION:** Truckee Meadows Community College  
Redfield Campus  
18600 Wedge Parkway  
HTC Room 102  
Reno, Nevada

**Videoconference**

University of Nevada, Las Vegas  
6375 W. Charleston Boulevard  
Building I, Room 311  
Las Vegas, Nevada

Elko County School District  
1092 Burn Road – Conference Room  
Elko, Nevada

**BOARD MEMBERS PRESENT**

**Reno Site**

Diaz Dixon  
Lana Robards\*  
Michele Watkins  
Michelle Berry  
Tammra Pearce  
Steve Burt (Chair)  
Nancy Roget

Step 2  
New Frontier Treatment Center  
Central Lyon Youth Connection  
CASAT  
Bristlecone Family Resources  
The Ridge House  
CASAT

**Las Vegas Site**

Frank Parenti\*  
Ron Lawrence  
Patrick Bozarth  
David Robeck

HELP of Southern Nevada  
Community Counseling Center  
Community Counseling Center  
Bridge Counseling

**Elko Site**

Ester Quilici

Vitality Unlimited

**BOARD MEMBERS ABSENT**

Debra Reed  
Ed Sampson  
Jamie Ross  
Linda Lang  
Richard Jimenez/Kevin Morss

Las Vegas Indian Center  
Frontier Community Coalition  
PACT Coalition  
Join Together Northern Nevada  
WestCare

**STATE OF NEVADA STAFF**

Agata Gawronski  
Betsy Fedor  
Chuck Bailey  
Judy Marshall\*  
Justin Reynolds  
Kevin Quint  
Mike McMahon  
Darla Beers (recorder)

Board of Examiners  
DPBH/SAPTA  
DPBH/SAPTA  
Nevada Department of Corrections  
DPBH/SAPTA  
DPBH/SAPTA  
DPBH/SAPTA  
DPBH/SAPTA

**OTHERS PRESENT**

Barry Lovgren\*  
Christopher Croft  
Derek Hughes  
John Firestone

Public  
Tahoe Youth and Family Services  
NV Recovery & Prevention Collegiate Community  
The Life Change Center

\* *Attended Telephonically*

**#1 – Welcome and Introductions**

Chair Steve Burt opened the meeting at 9:45 a.m. with introductions. He noted there was a quorum.

**#2 – Public Comment**

Ester Quilici voiced her concerns and frustrations with the Avatar program. She received assistance from Lana Robards and stated Avatar will be implemented for Vitality in January. Ester stated she would like to see the reimbursement process expedited in the future.

Barry Lovegren said he would have further comments regarding item 8. Barry explained he would like Kevin Quint to discuss the recent Bill Draft Request (BDR) and to explain what changes are being proposed for regulation of the members of the Advisory Board.

There was no further public comment.

**#3 – Approval of Minutes from the Meetings of August 20, 2014, and September 17, 2014**

A motion by Ester Quilici was made to approve the August 20 meeting minutes. Tammra Pearce seconded the motion. All members agreed and the motion to approve passed.

Ester made a motion to approve the September 17 minutes. Michelle Watkins seconded the motion. All members agreed and the motion to approve passed.

**#4 – Standing Informational Items: Chairperson's Report, SAPTA Reports, and CASAT Report**

Steve Burt did not have anything to share at this time. Steve called on Kevin Quint to give the SAPTA Report.

Kevin gave an update on SAPTA staff; currently there are 22 fulltime employees and 7 vacancies. Kevin stated SAPTA has done a reorganization of its staff. He intends to send a letter to all SAPTA providers explaining the reorganization. SAPTA is combining the Treatment and Prevention teams, headed by Justin Reynolds. Kevin added the Grants Management Unit is part of the reorganization and he would provide an update regarding the reorganization in the future. Kevin stated that the driver of these changes was two-fold: to get Avatar going in the right direction, as well as deploying additional staff to Avatar; and getting the Treatment Provider, Medicaid, and Managed Care Organizations (MCOs) issues resolved. Kevin indicated that all the providers are having different problems. Kevin stated he received an email from a provider asking if they had to go on Medicaid. Kevin indicated this is part of the Affordable Care Act (ACA). Part of SAPTA's job is to assist providers in the transition to Medicaid. SAPTA wants to be more effective in helping providers contract with an MCO.

Steve Burt stated The Ridge House went to Medicaid in January. Ridge House knew that, as of July 1, the SAPTA reimbursement would probably drop off altogether and they would be free-floating with Medicaid and MCOs. He said July and August were difficult in terms of cash flow because Medicaid takes six to eight months to reimburse. Steve indicated he was able to figure out the infrastructure issues as a result. In September, they billed Medicaid, Amerigroup, and other contracts more in September 2014 than they did in September of 2013. Steve indicated he believes it is doable but will take a couple of hard months of transition.

Kevin thanked Steve for his comment and added that SAPTA recognizes there are still agencies out there that are really struggling, and SAPTA is not ignoring them. The reorganization is designed to assist agencies as they need assistance. Different agencies need different things. Some agencies are having difficulty getting payments, and others are having trouble getting pre-authorizations or understanding the rules. SAPTA wants to approach the programs individually. Kevin called on Justin Reynolds to explain more about this initiative.

Justin said SAPTA has five Health Program Specialists who are assigned to the Integrated Care Team. He said the team's vision is to visit with each program on a monthly basis. The team would not just to help with Medicaid issues, but with Avatar issues as well as determining what is going on in those communities. He stated

that SAPTA staff would be contacting all the providers in the next few days to set a date for a kick-off meeting between the program and the MCO panels. He said the biggest initiative is to improve communications, to identify some of the issues providers have, and to determine how SAPTA can assist.

Kevin said that once this starts coming together he would be giving the Division Administrator, Richard Whitley, regular updates. Kevin plans to relay to Richard what is not working because Richard has the means to address the issues with MCOs and Medicaid. This will give SAPTA a broader base to assist providers.

Justin indicated that a provider Medicaid toolkit is being developed by SAPTA to help with changing business models, if necessary. Justin believes this will allow better communication between the providers, SAPTA, and the MCOs. The toolkit will also help SAPTA understand and identify issues that providers may be facing and facilitate resolution of the issues.

Kevin said some core competencies are being developed for the five staff members that are working with Justin. These competencies will give Justin's staff a better idea and greater awareness of how Medicaid works and how the MCOs work. There will be ongoing training for staff. Kevin stated that SAPTA wants to be of assistance. The team will analyze issues on a case-by-case basis.

Justin said the goal of SAPTA is to be the facilitator. He stated staff would not provide direction on how to bill Medicaid or do prior authorizations. Rather, SAPTA wants to facilitate the provider contact with Medicaid or the MCOs directly for answers. He said if providers are not getting the answers they need or if communication breaks down, SAPTA will step in to facilitate. SAPTA will help, but Medicaid or MCOs need to provide the guidance.

Steve Burt offered the assistance of Nevada Alliance for Addictive Disorders, Advocacy, Prevention, and Treatment Services (AADAPTS) to help or consult providers as needed. Ester asked Kevin what had been done to facilitate timely reimbursements, and if the process had been expedited.

Kevin said he is still communicating with fiscal staff. He said he asked fiscal staff about the exact process. Kevin said when fiscal gets the Request for Reimbursement (RFR), the RFR is checked, and it goes into their accounting system. If the RFR is submitted correctly, the process can go relatively quickly; however, if the RFR is submitted incorrectly, it will be delayed. SAPTA's process takes two to three days, but fiscal has ten business days to process RFRs. Fiscal handles all RFRs for the entire Division. RFRs then go to the Treasurer's Office where the process could take a couple days. If RFRs are submitted correctly, it can take up to three weeks. If a provider needs their reimbursement to make payroll, SAPTA can ask that provider payments be expedited, but that does not mean it will necessarily happen. Kevin said he is working with fiscal staff to get processing completed more quickly.

Ester asked if Nevada Information Provider Performance System (NHIPPS) still collects statistics. Chuck Bailey replied that NHIPPS still collects statistics and those are used to report Treatment Episode Data Set (TEDS) until Avatar is implemented. Ester said Vitality is no longer able to obtain statistics from NHIPPS. Chuck stated that statistics regarding RFRs cannot be accessed, but that data is collected and sent out with the reimbursements. Chuck stated no reports have been discontinued and, in January, over a third of the providers will be in Avatar and the NHIPPS situation will be alleviated.

Kevin returned to the issue of the reorganization. He said there is a movement currently to combine several budgets so we can look at not just how we can come together administratively, but how we can begin to look at our services as integrated services. There are plans to integrate several programs into our area as well. This is all in concert with the ACA concept of integration of services. Treatment and Prevention along with Primary Health, Public Health, Drug and Alcohol, and Mental Health will be integrated. Kevin will be asking for input from everyone, including people from the community, to see how this can be done in a meaningful way. We want to have integrated services to be more efficient. Kevin said he thinks it will create some opportunities for

grant writing from the State perspective that may bring funds for the community. In addition, the integration will create opportunities for greater collaboration with other agencies.

Steve Burt indicated he is having trouble spending down his SAPTA grant as he had originally planned. Steve asked if SAPTA had considered carving off overhead costs or other allowable costs under Substance Abuse and Mental Health Services Administration (SAMHSA) federal block grant for audits and licensing fees and other overhead costs. This would enable providers to spend down the grant. In addition, Steve asked if there was a strategy to consider this idea since the end of the fiscal cycle is near.

Kevin acknowledged that he has been thinking about that and discussing it with staff. He stated Stu Gordon gave a presentation about the idea of a carve out. Stu advised Kevin to discuss the idea with management and determine if the idea is a viable option. Kevin proposed that it might be wise to look at other services that could possibly be used; however, it might require a change to the scope of work. He said everyone was familiar with the term Maintenance of Effort (MOE). MOE is a term for the federal block grant. Kevin indicated that there are concerns regarding the cut in general funds coupled with the fact that no one has spent all their funding yet. Kevin said he asked Chuck Bailey to contact John Campbell of SAMHSA to discuss MOE. In addition, he and Mary Wherry had a meeting with John Perez, Regional Director at SAMHSA, Region 9. Kevin and Mary talked to John about MOE. John indicated there are some things we could do to show effort that do not include funding. MOE is defined as the money spent from the State General Fund for the last two to three years, on average.

Ron Lawrence spoke up saying he agreed with Steve. He said one of the things he sees is the high cost of working with MCOs. Ron said we should look at the cost of audits and the cost of electronic record systems since these fall under the MOE, which could be beneficial toward fully utilizing federal grant monies.

Kevin said he will commit to developing a list of topics to discuss with Mary Wherry, within the next 5 business days, and begin the conversation within the Division.

Steve asked for other comments. Ester said she would like to talk with Kevin further about detox funding. The funds have not been used as fast as originally thought, and Ester asked if it was possible to use that funding for other treatment.

Kevin replied that he would need clarification on the policy. He said there was a great effort to ensure providers figure out ways to use funding. In addition, Kevin said tobacco money was made available by the Director's Office. He said we are looking at what people are spending in every category to determine what needs to happen next. Kevin said we have to start acting now. He said we allocated some liquor tax money that was not being spent toward services (other than detox). Kevin said that if it gets to the point where it is not being spent we will proceed with what we did last year and look for ways for it to be spent. He reiterated that he is not quoting policy, but that is what we did last year, and we can do it again this year.

Steve Burt asked Michelle Berry to present the CASAT report. She said Derek Hughes agreed to talk about collegiate community activities in Daniel Fred's absence.

Derek said that recently Nevada Recovery & Prevention (NRAP) has been at University of Nevada, Reno (UNR) and at University of Nevada, Las Vegas (UNLV). He said they are currently fully established at Truckee Meadows Community College (TMCC) and operational with peer support specialists, with him and an active student community currently running the community. He said NRAP has recently been on a campaign to increase outreach with the community, and he has made contact with the school district to build a community partnership. Derek said NRAP wants to further its outreach, and he would like to speak with providers and the providers' staff to further that outreach and get information into the hands of those who are working with the college population or those that might be thinking about entering the higher education system. Derek indicated more information on NRAP is on their website, [www.nvrap.com](http://www.nvrap.com).

Steve said they are doing exceptional work and Daniel Fred is running the NRAP community at UNR under Dr. Meri Shadley. Derek is the lead at TMCC with Kristen DeMay. They are doing an excellent job reaching out to students at the collegiate level.

Derek said they are trying to change the culture. No matter what one's past, higher education is changing and college is no longer going to be known as a place to party. There are clean and sober students available to partner with other students, and to help further academic and professional success on Nevada campuses.

Steve said he has had some great interns from the NRAP community as well, so there is another motivating factor to invite them in to talk. Ester asked if there was a CASAT board where providers can post job openings. Michelle Berry advised Ester to send the information to her, and she would post it for Ester.

Steve said he believed there were approximately 50 collegiate communities across the country, exploding from what used to be only about 10 a few years ago. Michelle said UNR is hosting the National Collegiate Recovery Conference in the spring, and there will be more information in the future about the conference.

#### **#5 – Discussion and Approval on SAB By-Law Change to Increase Membership by One Seat to Include Representation of an Adolescent Program**

Steve asked for a vote on adding Quest Counseling as an additional member. Michelle Berry said the bylaws would have to be amended since the current bylaws indicate the maximum number of seats allocated is 15. She said the number needed for a quorum will be increased, and the Chair would be excluded from voting. Michelle asked if there was any discussion or motion.

Frank Parenti moved to accept the change in the bylaws from 15 to 16 members, and to accept Quest Counseling as the extra seat to include an adolescent program. Michelle Berry seconded the motion. Steve asked for a show of member approval, and the motion passed. Ester Quilici abstained.

Kevin noted that SAPTA needed to change the wording in the bylaws.

#### **#6 – Discussion on Attendance and Membership Standards in the by-Laws**

Michelle Berry read section 4.6.1 of the bylaws stating, "Advisory organizations of the Board shall maintain 75% attendance each calendar year. Advisory organizations who are absent without excuse or permission from the chair in excess of 25%, or who miss three consecutive meetings without excuse or permission from the chair, will forfeit their seat on the Board in accordance with removal procedures set forth in Subsection 4.7." Michelle encouraged members to be more cognizant of attendance. Michelle said that in looking at previous attendance records, a couple of organizations have missed several meetings; however, she did not know if they were excused or not. Kevin said they have not been keeping track of absences but will do so in the future. There was discussion about who was responsible for tracking attendance. Kevin suggested, and Michelle agreed, that they work together to track attendance. Steve asked the board members to notify him of their absence via email at sburt@ridgehouse.org.

#### **#7 – Report on Partnerships for Success Grant**

Kevin said primarily the SAB meetings are focused on treatment issues. He encouraged the Board to address issues that concern prevention providers as well. He spoke about the Partnership for Success Grant, which is a \$2.2 million per year grant from SAMHSA. He read from the grant abstract, "It is funding program, policies and practices to meet the project's goal of reducing the prevalence of prescription drug misuse and abuse by 12 to 25 year olds. Because prescription drug misuse and abuse is so prevalent in Nevada, this project will also include adults 26 years of age and older." He said, while the grant places emphasis on younger people, it also has some subcategories for veterans and older individuals. He said it is a five-year grant, in its second year. In the first year, little of the money was spent, so he hopes to get a cost extension of six years. This also coincides with the Governor's group meeting in Reno that is working on prescription drug issues. Kevin said 85% of the money

currently goes to the coalitions. Coalitions receive a base amount per year to perform various activities in their communities pertaining to prescription drugs. For instance, there is statewide media work they perform for public service announcements on television and radio; there is local media work; there is training of adults for youth advocacy; and other activities that benefit communities at the local and the national level. Kevin said he is seeking ways prevention providers can collaborate with the treatment providers. He encouraged prevention coalitions to get involved with the treatment providers.

Michele Watkins questioned if there should be a standing item on the agenda to give a presentation on what the partnerships doing. Each community and each coalition could share activities in their area. Kevin offered to coordinate that effort. The suggestion was met with a positive reaction from the members.

#### **#8 – Discussion on Upcoming Legislative Session (Budget and Possible BDRs)**

Kevin said the budget submitted to the Governor's Office is flat funding. He encouraged members to develop their own thoughts, ideas, and opinions about how the State should proceed in that regard.

Kevin addressed the detox tech BDR that Barry initiated. In addition, Kevin said the Division has submitted a few BDRs for the upcoming Session. He said the Naloxone issue and the Good Samaritan Law may be addressed in the upcoming Session.

Steve said Dave Caloiaro submitted a BDR to add new licensing for "Peer Agencies" in the Health Care Quality and Compliance (HCQC) regulations. He said that is intended to create an environment where peers help peers, similar to the NRAP communities, in the general community. Dave is seeking to have these licensed by HCQC to ensure proper delivery in the event those services become reimbursable by Medicaid.

Steve added that the Board of Examiners (BOE) has a Public hearing November 7 to adopt some regulation changes. The information is on the BOE website.

Kevin said SAPTA used to have a staffer who tracked of all the BDRs and was the point person for bills and budget hearings. Michelle Berry said she was doing that for another coalition, so she offered to pass along the information to Kevin.

Steve returned to the subject of the CASAT report. He said AADAPTS has reorganized. Frank Parenti resigned as the Executive Director of CASAT. Instead of contracting with CASAT to hire another Executive Director, the organization has contracted to manage AADAPTS. Michelle Berry is the lead at CASAT.

Michelle brought up the Scope of Work (SOW) since it has changed. The SOW is to retain a clinical infrastructure within Nevada, and to have a counselors' assistance program to help prevent and reduce counselor burnout. The SOW also addresses peer reviews of programs. They are developing a new peer review tool that is compliant with the State's requirements to collect data and influence trainings. Questions can be directed to either Steve or Diaz.

#### **#9 – Discussion on Treatment RFA**

Kevin said the Prevention RFA went out this week, and the Bidders Conference will be November 3. Treatment RFAs will probably go out in December. With Medicaid in place, we need to determine where funds should be used to help support programs and to create an improved system of care. The RFA will be written with that in mind. We need to determine if there are any gaps in funding as well as where attention should be focused.

Chuck spoke about NHIPPS. He said the reorganization that Kevin addressed earlier will address those issues. Currently, the focus is making Avatar operational. Kevin said it is necessary to obtain accurate data before deciding where the funding should go.

**#10 – Discussion and Recommendations Regarding Telehealth Services Certification for Providers to Include Certification**

Steve said this item was resolved. There was no further discussion.

**#11 – Update, Discussion, and Recommendations Regarding the Nevada Peer Support Plan and Activities**

Michelle Berry said there will not be formal training until early 2015 per the recommendation by the Division Administrator. Currently, the curriculum is being updated. Providers will be able to start billing Medicaid within their agencies. Training was conducted in June, but the State does not recognize formal certification; however, that process may change during the 2015 Legislative Session.

**#12 – Review Possible Agenda Items for Next SAPTA Advisory Board Meeting**

There were no suggestions for future agenda items. Steve asked that agenda items be emailed to him or Kevin.

**#13 – Public Comment**

Barry Lovgren said the Division submitted a BDR in August to revise how SAPTA regulates substance abuse services. Kevin asked if Barry was referring to BDR 40-329, and Barry acknowledged it was the BDR. Barry indicated the BDR was filed on August 1. Barry asked that Kevin obtain information on the BDR. Kevin acknowledged Barry's request.

**#14 – Adjourn**

The meeting was adjourned at 11:25 a.m.